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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2009 0 1 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 04 17 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D D D 0 1 2009 0 1 2009 0 1 3 1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 1339674.06 2009 January 1 (b) Cash on Hand at 1339674.06 Begining of Reporting Period

(d)	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1450576.90	1450576.90

110902.84

110902.84

- 61992.98 61992.98 7. Total Disbursements (from Line 31)
- Cash on Hand at Close of Reporting Period 1388583.92 1388583.92 (subtract Line 7 from Line 6(d))
- 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00

(c) Total Receipts (from Line 19)

10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 1 01

^Y 2 0 0 9

To:

м м 0 1 ^D 3 1

2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2900.00	2900.00
	(ii) Unitemized	3438.00	3438.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	6338.00	6338.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6338.00	6338.00
2.	Transfers From Affiliated/Other Party Committees	104100.00	104100.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	464.84	464.84
18.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	110902.84	110902.84
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	110902.84	110902.84

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 492.98 492.98 Expenditures..... (c) Total Operating Expenditures 492.98 492.98 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 61500.00 61500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 61992.98 61992.98 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 61992.98 61992.98 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	6338.00	6338.00		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6338.00	6338.00		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	492.98	492.98		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	492.98	492.98		

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Joseph L Woodin			Date of Receipt
Mailing Address P O Box 10 264 Maple Ridge Lan	ıe		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sharon	State VT	Zip Code 05065-0010	Transaction ID: 16201906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Gifford Medical Center	Occupation Presiden	n t and Chief Executive Office	-
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Stephen L. Mansfield			Date of Receipt
Mailing Address P O Box 655999			01 23 7 2009
City Dallas	State TX	Zip Code 75265-5999	Transaction ID: 16278343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75250 0000	350.00
Name of Employer Methodist Health System	Occupation	n t and Chief Executive Office	-
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Anne E. Cramer			Date of Receipt
Mailing Address 153 Packard Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State VT	Zip Code	Transaction ID: 16278347
Jericho FEC ID number of contributing federal political committee.	C	05465-2025	Amount of Each Receipt this Period 350.00
Name of Employer Vermont Association of Ho- spitals & Hea	Occupation Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 11
(Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ms. Nancy Foster Mailing Address 10005 Leafy Avenue City Silver Spring FEC ID number of contributing federal political committee. Name of Employer American Hospital Associa-	State MD C Occupatio	Zip Code 20910-1021 In sident, Quality & Patient Safe	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	tion-Washingt Receipt For: Primary General Other (specify) ▼		e Year-to-Date 500.00	
3.	Full Name (Last, First, Middle Initial) Dan Moen Mailing Address 3621 Twin Lakes Way			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Plano FEC ID number of contributing federal political committee.	State TX	Zip Code 75093-7538	Transaction ID: 16282393 Amount of Each Receipt this Period 1000.00
	Name of Employer Legacy Hospital Partners, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate	e Year-to-Date ▼ 1000.00]
- ;.	Full Name (Last, First, Middle Initial) Mr. Robert E Simpson, , Jr., M.P Mailing Address P O Box 803			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Brattleboro FEC ID number of contributing federal political committee.	State VT	Zip Code 05302-0803	Transaction ID: 16285896 Amount of Each Receipt this Period 350.00
	Name of Employer Brattleboro Retreat	Occupatio	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			1850.00
	TOTAL This Period (last page this line number of	only)		2900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) 11a 11b 11c X 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the I	atements mag	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
	Mailing Address One Empire Drive			01 13 2009
	City	State	Zip Code	Transaction ID: 16278341
	Rensselaer	NY	12144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0160259	50000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 50000.00	
- В.	Full Name (Last, First, Middle Initial) North Carolina Hospital Assoc. HOSPAC - Federa	1		Date of Receipt
	Mailing Address Post Office Box 4449			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16278342
	Cary	NC	27519-4449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0194647	54100.00
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 54100.00	

SUBTOTAL of Receipts This Page (optional)	•	104100.00
TOTAL This Period (last page this line number only)	•	104100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and or for commercial purposes, other than using the			n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC C	20005	Amount of Each Receipt this Period 464.84
Name of Employer Receipt For: Primary General Other (specify)	Occupatio Aggregate	e Year-to-Date ▼ 464.84	Interest

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\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 16332425
	Merchant Bankcard			Date of Disbursement
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	Mailing Address 1601 Elm Street			01 06 2009
	City	State Zip Code		Amount of Each Disbursement this Period
	Dallas	TX 75201		
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	President	Other (specify)		
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SUBTOTAL of Disbursements This Page (optional)	•	131.12
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_	Full Name (Last, First, Middle Initial)					Tranc	antion	ın.	1633	2426		
	21st Century PAC					Date of	of Disk	ourser	nent			Υ
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	City Washington	State Zip Code DC 20036				Amou	nt of E	ach [Disburs	ement	this P	erio
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	Full Name (Last, First, Middle Initial) Bluegrass Committee						action of Disk		1633 nent	2437		
	Mailing Address 400 North Capitol St, NV Suite 585				0 ^M 1	M /	^D 1 2	2 /	Y Y	0 ŏ 9	Υ	
	City Washington	State Zip Code DC 20001				Amou	nt of E	ach [Disburs	ement	this P	erio
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	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan						action of Disk	ourser		2438		
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American Hospital Association PAC													
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Friends Of Byron Dorgan								f Dis	sburse		t	V V	V
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Lisa Murkowski For Us Senate						Da	te of	_	sburse			Y	V
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/ '	American Hosp	oital Association P.	AC												
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	Candidate Name Rep. James A.	Himes						gory/							
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TEMIZED DISBURSEMENTS for each category of the called Summary Page 21 22 28 28 24 25 25 28 28 28 28 28 28	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	NE NUMBER: PAGE 14 / 23 only one)					
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City State Zip Code KY 42241 Purpose of Disbursement Contribution Candidate Name Rep. Edward Whitfield City Senate President State: KY District: 01 Full Name (Last, First, Middle Initial) Marion Berry For Congress Mailing Address P.O. Box 8084 City State Zip Code KY 42241 Purpose of Disbursement Tor: 2010 Full Name (Last, First, Middle Initial) Marion Berry For Congress Mailing Address P.O. Box 8084 City State Zip Code Josephy Type Contribution Transaction ID: 16332518 Date of Disbursement Tor: 2010 Amount of Each Disbursement For: 2010 Transaction ID: 16332518 Date of Disbursement Tor: 2010 Amount of Each Disbursement Tor: 2010 Transaction ID: 16332518 Date of Disbursement Tor: 2010 Candidate Name Rep. Marion Berry Office Sought: X House President Senate President State: X Primary General President State: X Primary General Disbursement Tor: 2010 Amount of Each Disbursement this Peric Category/ Type Contribution Contribution Transaction ID: 16332518 Date of Disbursement This Peric Category/ Type Contribution Transaction ID: 16332518 Date of Disbursement This Peric Category/ Type Contribution Transaction ID: 16332519 Date of Disbursement This Peric Category/ Type Contribution Contribution Contribution Candidate Name Senate President DE 19720 Purpose of Disbursement DE 19720 Tother (specify) ▼ Category/ Type Office Sought: House X Primary Category/ Type Office Sought: President Pres	TEMIZED DISBURSEMENTS	, ,	21b 27	22 X 23 24 25 28 28 28 29					
American Hospital Association PAC Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City State Zip Code KY 42241 Purpose of Disbursement Contribution Candidate Name President State: KY District: 01 Full Name (Last, First, Middle Initial) Carper For Senate Marian Berry Office Sought: X House Senate President State: AR District: 01 Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Bivd Second Floor City State Zip Code AR 72403 Purpose of Disbursement Contribution Candidate Name Rep. Marian Berry Office Sought: X House President State: AR District: 01 Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Bivd Second Floor City State Zip Code One Sought: X Primary General Other (specify) ▼ Transaction ID: 16332518 Date of Disbursement this Peric Contribution Condidate Name Rep. Marian Berry Office Sought: X House President State: AR District: 01 Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Bivd Second Floor City State Zip Code DE 19720 Purpose of Disbursement Contribution Candidate Name Senate DE 19720 Purpose of Disbursement Contribution Candidate Name Senate DE 19720 Purpose of Disbursement Contribution Candidate Name Senate DE 19720 Purpose of Disbursement DE 1000.000 Office Sought: House X Primary General Category/ Type Office Sought: House X Primary General Category/ Typ	or for commercial purposes, other than using the n								
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Frank Kratovil For Congress				Date of Disbursement	Υ
Mailing Address 222 Main Sail D PO Box 518	rive			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & Q & O \end{smallmatrix} O G G G G G G G G$)
City Stevensville	State MD	Zip Code 21666		Amount of Each Disbursement this F	² erio
Purpose of Disbursement				2500.00)
Contribution Candidate Name			011 Category/		
Rep. Frank Kratovil, Jr.			Type		
Office Sought: X House Senate	Disbursement For: X Primary	2010 General		Contribution	
President	Other (spe				
State: MD District: 01					
Full Name (Last, First, Middle Initial) Heath Shuler For Congress				Transaction ID: 16332601 Date of Disbursement	
				M M / D D / Y Y Y	Y
Mailing Address PO Box 8446				01 22 2009	,
City Asheville	State NC	Zip Code 28814		Amount of Each Disbursement this F	² erio
Purpose of Disbursement Contribution			011	2500.00)
Candidate Name Rep. Heath Shuler			Category/		
Office Sought: X House	Disbursement For:	2010	Туре		
Senate	X Primary	General		Contribution	
State: NC District: 11	Other (spe	ecify) 🔻			
Full Name (Last, First, Middle Initial)				Transaction ID: 16332603	
Heath Shuler For Congress				Date of Disbursement	
Mailing Address PO Box 8446				01) \
City Asheville	State NC	Zip Code 28814		Amount of Each Disbursement this F	erio
Purpose of Disbursement				2500.00)
Contribution Candidate Name			011 Category/		
Rep. Heath Shuler			Type		
Office Sought: X House Senate	Disbursement For: X Primary	2010 General		Contribution	
President	Other (spe	ecify) 🔻			
State: NC District: 11					
State: NC District: 11 SUBTOTAL of Disbursements This Page				7500.00	

A.

В.

District: 05

ago# 20001000201			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 23 / 23
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,		
Full Name (Last, First, Middle Initial) Larry Kissell For Congress Mailing Address PO Box 1530			Transaction ID: 16332604 Date of Disbursement
,	State Zip Code NC 27209		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	[011	1500.00
Rep. Larry Kissell		Category/ Type	
President	ment For: 2010 Primary General Other (specify)		Contribution
State: NC District: 08			
Full Name (Last, First, Middle Initial) Friends Of Sara			Transaction ID: 16332605 Date of Disbursement
Mailing Address 3213 N Wilton Ave. Unit	4		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} \end{bmatrix} \ \mathbf{Y} $
•	State Zip Code IL 60657		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Special Primary		011	5000.00
Candidate Name Sara Feigenholtz		Category/ Type	
Office Sought: X House Disburse Senate President X	nent For: 2009 Primary General Other (specify)		2009 Special Primary

SUBTOTAL of Disbursements This Page (optional)	•	6500.00
TOTAL This Period (last page this line number only)	•	61500.00

2009 Special Primary

State: IL